

Snoring: It's No Joking Matter

We've all heard the jokes about snorers, especially loud snorers.

"You snore so loud you can wake the dead."

"Your snore sounds and feels like an earthquake."

"How do you get any sleep with a snore that sounds like a jet plane?"

The reality is that a loud snorer may not be getting any sleep and the snoring may be no joking matter. Snoring can be both a social and medical problem. Socially, the snorer becomes an object of ridicule and causes sleepless nights for others. Medically, heavy snoring interrupts regular sleeping patterns and deprives the snorer of appropriate rest. What's more, when snoring is severe, it may be a sign of a more serious, long-term health problem, such as obstructive sleep apnea.

Sleep apnea, where breathing essentially stops during sleep, affects about 12 million Americans. It is characterized by brief interruptions of breathing during sleep and can occur more than 400 times a night. There are two main types of sleep apnea. "Central sleep apnea" is less common and is related to a malfunction of the brain's normal signal to the breathing muscles to initiate respiration. "Obstructive sleep apnea" is more common and is caused by some mechanical blockage of the airway preventing air flow into or out of the person's nose or mouth.

A hallmark of sleep apnea is excessive daytime sleepiness. Other symptoms may include loud, heavy snoring (often interrupted by silence and then gasps), falling asleep while driving and/or during the day (at work, watching TV, etc.), morning headaches, loss of energy, trouble concentrating, irritability, forgetfulness, mood or behavior changes, anxiety or depression, obesity and decreased interest in sex.

Sleep apnea occurs more often in men who are overweight and over 40, but men and women of any age can be affected. Those most at risk for sleep apnea include those who snore loudly and also are overweight, have high blood pressure or have some physical abnormality in the nose, throat or other parts of the upper respiratory pathway. Not all people with sleep apnea experience all of the symptoms and not everyone who has the symptoms has sleep apnea. However, if you experience even a few of these symptoms you should visit a physician for evaluation.

There are a number of health care problems associated with untreated sleep apnea such as hypertension, coronary artery disease, myocardial infarction, stroke, psychiatric problems, impotence, cognitive dysfunction, memory loss and death. Therefore, prompt and proper diagnosis of sleep apnea is an important first step.

Your doctor may be able to diagnose sleep apnea. If not, you may be asked to go to a sleep center for a sleep study or do one at home.

Specific treatment and therapy for sleep apnea is tailored to the individual patient, but often includes one of the following:

- **Behavior and lifestyle changes** may be all that is needed to treat mild sleep apnea cases. The individual may just need to lose weight, avoid the use of alcohol or simply sleep on his side rather than his back.



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- **Mechanical therapy**, such as the nasal continuous positive airway pressure (CPAP), is commonly an effective treatment. A special mask worn over the nose during sleep helps prevent the throat from collapsing during sleep with constant and continuous air pressure.
- **Surgery** may be required for some patients with sleep apnea to increase and correct the size of the airway. Some of the more common procedures include removal of the adenoids and tonsils, nasal polyps or other tissue in the airway.

If you are experiencing sleepiness during the day, loud snoring or pauses in breathing during sleep or any other sleeping difficulties, make an appointment with your doctor. Sleep disorders are not a joking matter and are treatable. Your physician can evaluate your sleep problem and may refer you to a sleep specialist who has special training in sleep medicine.